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Assessment Measure	Once or All			Ма	aternal	and CI	hild Hea		ity & F		nunity	th Wellness ention	s and		ious Di			Envi	ronme	ental	Healt	S			gy, He blic H		HS	SQA	DIRM	Office of the Secre-	Board of	Total Incidence
Blue Book Poster		HP	CHILD	CSHCN	Gen	Imm	Assess / CDR	МІН	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW	EHA E	EHS F	SSP R	ad CD/	pi CHS	NICE	PHLab	WEDSS	CRH	EMS&T		tary	Health	of Measure
AS 11 AS s 1.2.1 Consultation and technical assistance are provided to LHJ and state programs on health data collection and analysis, documented by logs or reports. Coordination is provided the development and use of data standards, including definitions and descriptions.							х			x	х	Х	Х	X	Х	х	Х		x				X	X		X		Х				14
AS 1.2 AS s 1.4.2 Written procedures are maintained and disseminated for h to obtain consultation and technical assistance for LHJs or state programs regarding health data collection and analys and program evaluation.							Х			х	Х	х	х	Х	Х	Х	Х		х				х	х		х		х				14
AS 1.3 AS s 1.5.3 Goals and objectives are established for assessment activit as a part of DOH planning, and resources are identified to perform the work.	es		х	Х	х	х	х	х	х	х	х	Х	х	Х	х	Х	Х		х				х	х	х			Х		Х	Х	22
AS 1 4 AS s 1.6.4 Information on health issues affecting the state is updated regularly and includes information on communicable diserenvironmental health and data about health status. Data be tracked have standard definitions, and standardized qualities or quantitative measures are used. Computer hardware an software is available to support word processing, spreadsheets, complex analysis capabilities, databases and Internet access.	ng ive																													X		1
AS 1.5 AS s 1.7.5 Staff members who perform assessment activities have documented training and experience in epidemiology, research, and data analysis. Statewide training and peer exchange opportunities are coordinated and documented.			Х	х	х	х	Х	Х	Х	х	Х	х	х	Х	Х	Х	Х		х			×	х	х	Х			х				21
AS 2.1 AS s.2.2.1 Reports are provided to LHJs and other groups. The repor provide health information analysis and include key health indicators tracked over time.	Once*																						_							Х		1
AS 2 2 AS s 2.6.2 A core set of health status indicators is used as the basis for continuous monitoring of the health status of the state, and results are published at scheduled intervals. A surveillance system using monitoring data is maintained to signal chan in priority health issues.																						I								Х		1
AS 2 3 AS s 2.4.3 Written procedures describe how population level investigations are carried out in cooperation with LHJs in response to known or emerging health issues. The proced included expected time frames for response.	res Once																													Х		1
AS 2 4 AS s 2.5.4 Investigations of changing or emerging health issues are p of the annual goals and objectives established by DOH.	Once																													Х	Х	2
AS 3 1 AS s 3.2.1 Consultation and technical assistance are provided to LHJ and state programs on program evaluation, as documented case write-ups or logs.	oy Once																							X			or			Х		1
AS 3.2 AS s 3.4.2 Programs administered by the DOH have written goals, objectives and performance measures, and are based on relevant research. There is a written protocol for using	All	Х	Х	Х	Х	Х	Х	Х	Х	Х	х	Х	х	Х	х	х	Х	Х	х	Х	x :	x x	Х	х	Х	х	х	Х	Х	Х		30
AS 3 3 AS s 3.5.3 Program performance measures are monitored, the data is analyzed, and regular reports document the progress towar goals.	s All	х	х	Х	Х	Х	х	х	х	х	Х	х	Х	Х	Х	Х	Х	х	х	х	x :	× ×	х	Х	х	Х	Х	Х	Х	Х		30

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Measure	Assessment	Once or All			М	aternal	and Cl	Con		ity & F		nunity	th Wellnes ention	s and	Rep	roduct	iseases		Env	rironn	nenta	l Hea	lth			iolog s, Pub Labs	olic He		нѕ	SQA	DIRM	Office of the Secre-	Board of	Total Incidence
Blue Book Poster			HP	CHILD	CSHCN	Gen	lmm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T		tary	Health	of Measure
	State and LHJ staff members have been trained on program evaluation as evidenced by documentation of staff training.	All	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		Х		29
i	Changes in activities that are based on analysis of key ndicator data or performance measurement data are summarized as a part of quality improvement activities.	All		х	х	Х	Х	Х	Х	х	Х	Х	х	Х	Х	Х	Х	х	х	Х	Х	х	х	Х	Х	Х	Х	х	Х	Х		Х		28
AS 4 1 AS s 4.2.1 T	There is documentation of stakeholder involvement in DOH nealth assessment and policy development.			Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х			Х	Х	Х			Х		Х	Х	25
	There is a written protocol for using health assessment information to guide health policy decisions.	Once																														Х	Х	2
d	State health assessment data is linked to health policy lecisions, as evidenced through legislative requests, budget lecisions, programs or grants.			х	х	х	Х	x	Х	Х	х	х	х	Х	Х	Х	х	х		Х	х	х				Х				х		Х	х	22
t	Stakeholders that receive data have demonstrated agreement o comply with confidentiality policies and practices, as appropriate.	Once																													Х			1
r t a a	There are written policies, including data sharing agreements, egarding confidentiality that govern the use, sharing and ransfer of data within the DOH and among the DOH, LHJs und partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems.	Once*																													х			1
	All program data are submitted to local, state, regional and rederal agencies in a confidential and secure manner.	All	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х	Х	Х	х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		30
t	Employees are trained regarding confidentiality, including hose who handle patient information and clinical records, as well as those handling data.	All	х	х	Х	х	Х	Х	Х	Х	х	Х	Х	х	Х	х	Х	Х	х	х	х	х	Х	Х	х	Х	Х	х	Х	Х	X	х		30
AS 5 5 AS s 5.7.5 A	All employees have signed confidentiality agreements.	All	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		30
I =	totals	16	6	11	11	11	11	13	11	11	13	13	13	13	13	13	13	13	8	13	9	9	7	8	12	14	10	9	7	13	7	17	5	336

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Communicable Diseases	e or All						Con	nmuni	ty & F			ith Wellnes	s and	Infec	tious Di	seases	and								, Pub	y, Health lic Healt		нѕ	QA	DIRM	Office		
Measure	Once			Ма	ternal a	nd Chil	ld Healt	h				ention	1	Rep	oroducti	ve Hea	lth	En	viron	menta	al Hea	lth			Labs	: 		1		D	of the	Board	Total Incidence
Blue Book Poster		HP	CHILD	CSHCN	Gen		Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab W	EDSS	CRH	EMS&T		Secre- tary	of Health	of Measure
CD 1.1 CD s 1.1.1 Information is provided to the public on how to contact the DOH to report a public health concern 24 hours per day. Law enforcement has current state 24-hour emergency contact lists.																							Х		х								2
CD 1 2 CD s 1.2.2 Consultation and technical assistance are provided to LHJs on surveillance and reporting, as documented by case summaries or reports. Laboratories and health care providers, including new licensees, are provided with information on disease reporting requirements, timeframes, and a 24-hour DOH point															x	Х	×						х		×	х	х						7
CD 13 CD s 1.4.3 Written procedures are maintained and disseminated for how to obtain state or federal consultation and technical assistance for LHJs. Assistance includes surveillance, reporting, disease intervention management during outbreaks or public health emergencies, and accuracy and clarity of public health messages.															X	X	Х						Х		х	х	X						7
CD 14 CD s 1.5.4 Annual goals and objectives for communicable disease are a part of the DOH planning process. Key indicators and implications for investigation, intervention or education efforts are documented.															Х	Х	Х						Х			_							4
CD 15 CD s 1.6.5 A statewide database for reportable conditions is maintained, surveillance data are summarized and disseminated to LHJs at least annually. Uniform data standards and case definitions are updated and published at least annually.															х	Х	х						Х		х		х						6
CD 16 CD s 1.7.6 Staff members receive training on communicable disease reporting, as evidenced by protocols.															Х	Х	Х						Х			Х							5
CD 2 1 CD s 2.1.1 Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.																							Х		х	х					Х		4
CD 2 2 CD s 2.4.2 Written policies or procedures delineate specific roles and responsibilities for state response to disease outbreaks or public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health and program administration. Variations from overall process are identified in disease-specific protocols.	Once																														X		1
CD 2 3 CD s 2.4.3 Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.																										х							1
CD 2 4 CD s 2.7.4 DOH staff members receive training on the policies and procedures regarding roles and responsibilities for response to public health threats, as evidenced by protocols.																							Х		Х	х							3

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Communicable Diseases	ce or All							nmunit	y & F		nunity	Wellnes	s and		tious Di			E.	viron	mante	al Uag	.lth				/, Health lic Health	нѕ	QA	DIRM	Office		
Measure Blue	Once			Ma	iternal a	and Chi	Assess	in		CD/	Preve	ention		Rep	HIV /	ve Hea	ith	EI	VIIOII	пепа	ат пеа	liui			Laus				7	of the Secre-	Board of	Total Incidence of
Book Poster		HP	CHILD	CSHCN	Gen	lmm	/ CDR	МІН	CAH		Inj	Tobacco	WIC	FP/RH	AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab WEDSS	CRH	EMS&T		tary	Health	Measure
CD 3 1 CD s 3.2.1 Consultation and staff time are provided to LHJs for local support of disease intervention management during outbreaks or public health emergencies, as documented by case write-ups. Recent research findings relating to the most effective population-based methods of disease prevention and control are provided to LHJs. Labs are provided written protocols for the handling, storage and transportation of specimens.															X	X	х			х	х		X			х						7
CD 3 2 CD s 3.4.2 DOH leads statewide development and use of a standardized set of written protocols for communicable disease investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.						X									х	x	х			x	х		×			x x						9
CD 3 3 CD s 3.5.3 An annual evaluation of a sample of state																																
communicable disease investigation and consultations is done to monitor timeliness and compliance with disease-specific protocols.															Х	X	Х			Х	Х		Х									6
CD 3 4 CD s 3.6.4 DOH identifies key performance measures for communicable disease investigations and consultation.															Х	Х	Х			Х	Х		Х									6
CD 3 5 CD s 3.7.5 Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.						х									х	Х	Х	Х		Х	Х		Х			х						9
CD 4.1 CD s 4.1.1 A communication system is maintained for rapid dissemination of urgent public health messages to the media and other state and national contacts.	Once*																													Х		1
CD 4 2 CD s 4.2.2 A communication system is maintained for rapid dissemination of urgent public health messages to LHJs, other agencies and health providers. Consultation is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak or public health emergency, as documented by case write-up. State-issued announcements are shared with LHJs in a	Once*																													x		1
timely manner. CD 4 3 CD s 4.4.3 Roles are identified for working with the news media.																																
Written policies identify the timeframes for communication and the expectations of all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts	Once																													X		1

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Mea	sure	Communicable Diseases	Once or All			Ma	nternal a	and Chi	Con	nmuni h	ity & I		nunity	Ith Wellnes	s and		tious Dis			Er	nviron	menta	al Hea	lth				y, Hea olic He		нѕ	QA	DIRM	Office of the	Board	Total Incidence
Blue Book	Poster		J	HP	CHILD	CSHCN	Gen	lmm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T		Secre- tary	of Health	of Measure
00.44	TD - 4.5.4	and media releases.																																	
CD 44		Communication issues identified in outbreak response evaluations are addressed in writing with future goals and objectives in the communicable disease quality improvement plan.															Х	Х	Х			Х	Х		Х			Х					Х		8
CD 4 5	D s 4.7.5	Staff members with lead roles in communicating urgent messages have been trained in risk															Х	Х	Х						Х		Х	Х					х		7
CD 5 1		communication. Timely information about best practices in disease control is gathered and disseminated. Coordination is provided for a state and local debriefing to evaluate																																	
		extraordinary disease events that required a multi- agency response; a written summary of evaluation findings and recommendations is disseminated															x	x	x			X	X		х		x								7
		statewide.																																	
CD 5 2		Model plans, protocols and evaluation templates for response to disease outbreaks or public health emergencies are developed and disseminated to	Once																						Х	OR	X								1
CD 5.3		LHJs. Model materials are revised based on evaluation	Once																							0.0	X								4
CD 3 3		findings, including review of outbreaks.	Once																						X	OR	X								1
CD 5 4		Response issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs.															х	Х	х			Х	х		Х		х	х							8
CD 5 5		Staff members are trained in surveillance, outbreak																																	
		response and communicable disease control, and are provided with standardized tools.															Х	Х	Х			Х	Х		Х		Х	Х							8
CD 5 6		A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures,	Once*																						X	OR	x								1
		and communication.				_					_	_	_																	_				_	
		TOTALS	7	0	0	0	0	2	0	0	0	0	0	0	0	0	15	15	15	1	0	9	9	0	21	0	13	13	4	0	0	0	7	0	121

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Environmental Health	or All					Coi	mmuni	ity & F	amily	Healt	h	T										_					н	SQA	M.			
Measure	Once			М	aternal and	Child Hea	ılth				y Wellne			ious Di roduct			En	vironi	ment	al Hea	lth				y, Hea lic He				DIRM	Office of the	Board	Total Incidence
Blue Book Poster		HP	CHILD			Assess	/	CAH	CD / HRB	Inj T	obacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T		Secre- tary	of Health	of Measure
EH 1 1 EH s 1.1.1 Information is provided to the public about the availability of state level environmental health educational programs through contact information on brochures, flyers, newsletters, websites and other mechanisms.																	х	х	Х	Х	Х											5
EH 1 2 EH s 1.2.2 There are documented processes for involving stakeholders in addressing environmental health issues including education and the provision of technical assistance.																	Х	х	х	х	х			х								6
EH 13 EH s 1.5.3 A plan for environmental health education exists, with goals, objectives and learning outcomes. There is an evaluation process for health education offerings that is used to revise curricula.																	Х	х	Х	Х	Х			Х								6
EH 1 4 EH s 1.4.4 Environmental health education services are provided in conformance with the statewide plan.																	Х	Х	Х	Х	Х			Х								6
EH s 1.6.5 The environmental health education plan identifies performance measures for education programs that are monitored and analyzed on a routine basis.																	Х	х	Х	х	Х			х								6
EH s 1.7.6 Staff members conducting environmental health education have appropriate health education skills and training as evidenced by job descriptions, resumes or training documentation.																	Х	х	Х	Х	Х			Х								6
EH 2 1 EH s 2.1.1 Information is provided to the public on how to report environmental heath threats or public health emergencies, 24 hours a day; this includes a phone number.					\Box	I				I							х	х	Х	Х	Х											5
EH 2 2 EH s 2.2.2 Consultation and technical assistance are provided to LHJs and other agencies on emergency preparedness, as documented by case write-ups or logs. Following an emergency response to an environmental health problem or natural disaster, LHJs and other agencies are convened to review how the situation was handled. This debriefing is documented with a written summary of findings and recommendations.																																
EH 2 3 EH s 2.4.3 Written procedures are maintained and disseminated																	X	Х	Х	X	X				Х					Х		/
EH 2.3 Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness. Procedures are in																	Х	Х	Х	Х	Х				Х							6
EH 2 4 EH s 2.5.4 There is a plan that describes DOH internal roles and responsibilities for environmental events or natural disasters that threaten the health of the people. There is a clear link between this plan and other state and local	Once*																													X		1
emergency response plans. EH s 2.7.5 All DOH program staff are trained in risk communication and use of the DOH emergency response plan, as evidenced by training documentation.	All	Х	Х	X	x x	X	X	X	х	х	х	х	Х	Х	Х	X	Х	х	Х	х	Х	х	Х	Х	Х	X	X	Х	Х	Х		30

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New Name and California 19	Environmental Health	or All						Comi	munit	y & Fa	mily l	Healt	th																Н	SQA	N			
Page		Ouce			Λ	Maternal a			h		а					roducti			En	vironr	menta	al Hea	lth		tistics	, Pub	lic He				DIR	of the		Incidence
Instance the convenement bender in the confirmation in the			HP	CHILD	CSHCN	I Gen			MIH	CAH		Inj T	Tobacco	WIC	FP/RH		STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T			_	
record and report key indicators for environmental basis in this cast ordicated lines. Results are traded and restand over time and reported regularly. A popular country of the control o	EH 3 1 EH s 3.2.1 Coordination is provided in development of data standards for environmental health indicators. Information based on the surveillance system is developed and provided to LHJs and other state																							·										7
analysis of environmental health information and trends, findings from debrefrings, evaluation of health education offerings, and information from compliance activity. EH 4.1 EH 5.4 LI.1 Written policies, local ordinances, laws and analysis of evaluation about hest practices in environmental health compliance and state. EH 4.2 EH 5.4 LI.3 Information about hest practices in environmental health environm	record and report key indicators for environmental health risks and related illnesses. Results are tracked and trended over time and reported regularly. A syste is in place to assure that data is transferred routinely t	m																	Х	×	х	х	x			х		Х						7
EH 4 2 EH 4 2 EH 4 2 EI 5 4 2 EI 18 4 4 2	analysis of environmental health information and trends, findings from debriefings, evaluation of health education offerings, and information from compliance						I					I							х	х	х	х	х											5
EH 4 2 EH 5 4.2 Information about best practices in environmental health compliance activity is gathered and discreminated including from templates, time frames, interagency coordination steps, hearing procedures, citation issuance, and discountentation requirements. EH 4 3 EH 5 4.3 Compliance procedures are written for all areas of environmental health work conformation with policies, board ordinances and state statutes. EH 4 4 EH 5 4.4 There is a documental process for periodic review of enforcement action. EH 4 5 EH 5 4.5 An environmental health tracking system enables documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to other agencies are required. EH 4 6 EH 5 4.7 Eavironmental health staff members are trained on compliance procedures, as evidenced by training documentation.	EH 4 1 EH s 4.1.1 Written policies, local ordinances, laws and																		Х		Х	Х	Х											4
environmental health activity carried out by DOH. Documentation demonstrates that environmental health work conforms with policies, local ordinances and state statutes. EH 4.4 EH 5.4.4 There is a documented process for periodic review of enforcement action. EH 4.5 EH 5.4.5 An environmental health tracking system enables documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to other agencies as required. EH 5.4.6 ENVironmental health staff members are trained on compliance procedures, as evidenced by training documentation.	EH 4 2 EH s 4.2.2 Information about best practices in environmental health compliance activity is gathered and disseminate including form templates, time frames, interagency coordination steps, hearing procedures, citation	ed,																	Х		х	х	Х											4
EH 4 4	environmental health activity carried out by DOH. Documentation demonstrates that environmental health work conforms with policies, local ordinances and sta		Ι				I												X		х	х	x											4
EH 4 5 EH 5 4.6.5 An environmental health tracking system enables documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to other agencies as required. EH 4 6 EH 5 4.7.6 Environmental health staff members are trained on compliance procedures, as evidenced by training documentation.	EH 4 4 EH s 4.4.4 There is a documented process for periodic review of																		Х		Х	Х	Х											4
EH 4 6 EH 5 4.7.6 Empirical procedures, as evidenced by training documentation.																																		
compliance procedures, as evidenced by training documentation.	documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to																		Х		х	х	х											4
documentation.																			x		x	×	×											4
	documentation.	le 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19	13	19	19	19	1	1	Ω	3	3	1	1	1	3	0	127

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Measure	Prevention & Promotion	ce or All			M	aternal a	and Chi	Con		ity & I	Family Com	munity	t h Wellness ention	and		ious Dis			Enviror	nmeni	tal Heal	lth		piden stics, l			lth h Labs	HS	SQA	DIRM	Office		T
Blue Book Poster		O	HP	CHILD	CSHCN	Gen	Imm	Assess /	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T		of the Secre- tary	Board of Health	Total Incidence of Measure
PP 11 PP s 1.1.1	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about best practices in prevention and health promotion programs.		X	Х	X	X	X	х	×	Х	X	X	Х	X	X	X	Х	Х						X	Х	X			X		,		20
	Consultation and technical assistance is available to assist LHJs in proposing and developing prevention and health promotion policies and initiatives. Written procedures are maintained and shared, describing how to obtain consultation and assistance regarding development, delivery, or evaluation of prevention and health promotion initiatives.		×	Х	X	x	X	Х	х	х	Х	х	Х	x	X	х	x	х								х			X		х		19
	Priorities are set for prevention and health promotion services, and a statewide implementation plan is developed with goals, objectives and performance measures.	Once																													Х	Х	2
	The statewide plan is evaluated and revised regularly, incorporating information from health assessment data and program evaluation.	Once																													Х		1
	The DOH provides leadership in involving stakeholders in considering assessment information to set prevention and health promotion priorities.	Once																													х	х	2
	A broad range of partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion.		х	Х	Х	Х	х	x	х	х	Х	х	Х	х	Х	х	х	х											x				17
	Information about community mobilization efforts for prevention priorities is collected and shared with LHJs and other stakeholders.		Х	х	Х	Х	Х	Х	х	Х	Х	Х	Х	Х	Х	Х	Х	Х											х				17
	The statewide plan for prevention and health promotion identifies efforts to link public and private partnerships into a network of prevention services.	Once																		L											Х		1
	DOH staff members have training in community mobilization methods as evidenced by training documentation.		Х	Х	Х	Х	х	х	х	Х	Х	Х	Х	Х	Х	Х	Х	Х											х				17
	The DOH supports best use of available resources for prevention services through leadership, collaboration and communication with partners. Information about prevention and health promotion evaluation results is collected and shared statewide.		Х	Х	Х	х	х	Х	x	Х	х	х	X	×	Х	х	х	х											Х				17

- 1 -- Topic heading / programs
 2 -- LHJ = other stakeholders, if not working with LHJs
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Measure	Prevention & Promotion	ce or All			м	aternal	and Ch	Con ild Health	nmuni	ity & I	Family Com	munity	th Wellness ention	and		rious Di Producti			Enviro	nmer	ntal Hea	lth			niolog Public		alth th Labs	Н	SQA	DIRM	Office		Total
Blue Book Poster		O	HP	CHILD	CSHCN	Gen	lmm	Assess / CDR	МІН	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW EHA	EH	S FSSP	Rad	CD/Epi	CHS	NICE	PHLa	b WEDSS	CRH	EMS&T		of the Secre- tary	Board of Health	Total Incidence of Measure
PP 3 2 PP s 3.5.2	Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate assessment information. In addition, a gap analysis that compares existing prevention services to projected need for services is performed periodically and integrated into the priority setting process.			х	х	х	х	X	х	X	х	х	X	X	х	х	х	Х											x				16
PP 3 3 PP s 3.7.3	DOH staff members have training in program evaluation methods as evidenced by training documentation.	duplicate measure, rx remove																															0
PP 3 4 PP s 3.8.4	A quality improvement plan incorporates program evaluation findings, evaluation of community mobilization efforts, use of emerging literature and best practices and delivery of prevention and health promotion services.		Х	х	х	х	x	X	х	х	х	х	X	x	х	х	x	х											X				17
PP 4 1 PP s 4.2.1	Consultation and technical assistance on program implementation and evaluation of prevention services is provided for LHJs. There is a system to inform LHJs and other stakeholders about prevention funding opportunities.			X	х	x	x	Х	x	X	X	x	Х	x	X	x	х	х											х				16
PP 4 2 PP s 4.4.2	Outreach and other prevention interventions are reviewed for compliance with science, professional standards, and state and federal requirements. Consideration of professional requirements and competencies for effective prevention staff is included.			X	X	X	X	х	×	X	X	×	X	X	X	×	x	Х											X				16
PP 4 3 PP s 4.5.3	Prevention services have performance measures that are tracked and analyzed, and recommendations are made for program improvements.			Х	Х	Х	Х	х	х	Х	Х	Х	х	х	X	Х	х	х											X				16
PP 4 4 PP s 4.6.4	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.			Х	х	х	х	Х	х	х	Х	х	Х	х	Х	х	х	Х								х	x		Х				18
PP 4 5 PP s 4.7.5	DOH staff members have training in prevention, early intervention, or outreach services as evidenced by training documentation.			х	х	х	х	х	х	Х	x	х	х	х	х	х	х	х											Х				16
PP 5 1 PP s 5.1.1	Health promotion activities are provided directly by DOH or by contractors, and are intended to reach the entire population or at risk populations in the community.		Х	Х	Х	Х	Х		х	Х	Х	х	Х	х	Х	х	Х												X				15

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Measure	Prevention & Promotion	Once or All			Ma	aternal a	and Chi	Com	nmuni	ty & I	Family Com	munity	th Wellness ention	and			seases ive Hea		Env	ironn	nental l	-lealth	, .				r, Heal Health	th Labs	н	SQA	DIRM	Office of the	Board	Total Incidence
Blue Book Poste	er		HP	CHILD	CSHCN	Gen	lmm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	ТВ	DW	EHA	EHS FS	SSP F	Rad C	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T		Secre- tary	of Health	of Measure
PP 5 2 PP s 5.2			X	Х	X	х	Х		х	Х	х	Х	X	х	×	х														X		,		14
PP 53 PP s 5.4	Health promotion activities are reviewed for compliance with science, professional standards, and state and rederal requirements. Health promotion materials that are appropriate for statewide use and for key cultural or linguistic groups are made available to LHJs and other stakeholders through a system that organizes, develops, distributes, evaluates and updates the materials.		X	X	x	X	X		Х	x	X	×	Х	X	X	x														х				14
PP 5 4 PP s 5.5	4 Health promotion activities have goals, objectives and performance measures that are tracked and analyzed, and recommendations are made for program improvements. The number and type of health promotion activities are tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.		Х	X	Х	x	X		x	x	x	x	Х	×	X	x	x													х				15
PP 5 5 PP s 5.7	.5 DOH staff members have training in health promotion methods as evidenced by training		Х	х	х	х	х		х	Х	X	×	Х	Х	х	×	х													Х				15
	documentation. totals	4	12	18	18	18	18	13	18	18	18	18	18	18	18	18	16	13	0	0	0	0	0	0	1	1	3	1	0	18	0	5	2	301

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Access to Critical Health Services	or All					Con	nmuni	ty & F	amily	Heal	lth																н	SQA	5			
Measure Blue	Ouce o		М	aternal	and Ch	ild Healt	h				Wellnes	s and	Rej		iseases tive Hea		En	viron	ment	al Hea	alth				ıblic l	lealth Health			DIRM	Office of the Secre-	Board of	Total Incidence of
Book Poster		HP	CHILD CSHCN	Gen	lmm	CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	H H	AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLa	ab WEDSS	CRH	EMS&T		tary	Health	Measure,I
AC 1 1 AC s 1.6.1 A list of critical health services is established and a core set of statewide access measures established. Information is collected on the core set of access measures, analyzed and reported to the LHJs and other agencies.	Once*																													х	х	2
AC 1 2 AC s 1.2.2 Information is provided to LHJs and other agencies about availability of licensed health care providers, facilities and support services.	Once																													Х		1
AC 2 1 AC s 2.2.1 Consultation is provided to communities to help gather and analyze information about barriers to accessing critical health services.	Once																							х								1
AC 2 2 AC s 2.4.2 Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other agencies in gathering and analyzing information regarding barriers to access.	Once																							х								1
AC 2 3 AC s 2.6.3 Gaps in access to critical health services are identified using periodic survey data and other assessment information.			х	х	х		Х	Х	х	Х	Х	Х	х	х	Х	х							х	х			х	х				17
AC 2 4 AC s 2.7.4 Periodic studies regarding workforce needs and the effect on critical health services are conducted, incorporated into the gap analysis and disseminated to LHJs and other agencies.																											Х	х		Х		3
AC 3 1 AC s 3.2.1 Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.			х	х	х		Х	Х	х	Х	Х	Х	Х	х	Х	Х							Х	х			х	х		х	Х	19
AC 3 2 AC s 3.5.2 State-initiated contracts and program evaluations include performance measures that demonstrate coordination of critical health services delivery among health providers.			x	х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х											х	х				15
AC 3 3 AC s 3.4.3 Protocols are developed for implementation by state agencies, LHJs and other local providers to maximize enrollment and participation in available insurance	Once																													х		1
AC 3 4 AC s 3.8.4 Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives, and performance measures.																								х			х	х				3
AC 4 1 AC s 4.2.1 Information about best practices in delivery of critical health services is gathered and disseminated. Summary information regarding delivery system changes is provided to LHJs and other agencies.			Х	Х	Х		Х	х	Х	х	Х	х	Х	Х	х	Х								х			х	x				16

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	Access to Critical Health Services	ır All		_				Con	nmuni	ity & I	Family	' Heal	lth																нѕ	SQA	>			
Mea	ssure	Once c			M	aternal	and Ch	ild Healt	h		Com	•	Wellnes vention	ss and		tious D product			En	viron	menta	al Hea	alth			iology, s, Publi Labs					DIRI	Office of the	Board of	Total Incidence
Blue Book	Poster		HP	CHILD	CSHCN	Gen		Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco		FP/R H	HIV / AIDS	STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE PH	lLab '	WEDSS	CRH	EMS&T		tary		of Measure,I
AC 4 2	AC s 4.7.2 Training on quality improvement methods is available and is incorporated into grant and program requirements.	Once																														Х		1
10.10	*																																	
AC 4 3	AC s 4.8.3 Regulatory programs and clinical services administered by DOH have a written quality improvement plan including specific quality-based performance or outcome measures.				х	х	х	х	Х	Х	х	х	х	x	х	Х	х	х								х			х	х		Х		18
	totals	6	0	0	5	5	5 5	1	5	5	5	5	5	5	5	5	5	5	0	0	0	0	0	0	2	7	0	0	7	7	0	7	2	98

Proposed Matrix

Notes:

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Summary of All Measures by Standard Within	Once or All		Community & Fam Co Maternal and Child Health							Comi	Community Wellness and Infe				infectious Diseases and Reproductive Health			Environmental Health			Epidemiology, Health Statistics, Public Health Labs				HSQA		DIRM	Office of the	Board of	Table			
All Programs		HP	CHILD	CSHCN	Gen	lmm	Assess / CDR	МІН	CAH	CD / HRB	Inj	Tobacco	WIC	FP / RH		STD	ТВ	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T		Secre-tary		of Measure
A	40		11	11	11	11	40	11	11	40	40	13	40	40	40	40	40	0	40	•	_	7	0	12	14	40	9	7	40	-	17	-	227
Assessment Communicable Disease	16	0	11	0	0	2	13	0	0	13	13	13	13	13	13 15	15	15	- 8	13	9	9	0	21	12	12	10 13	9	7	13	0	7	0	337 124
Environmental Health	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19	13	19	19	19	1	1	8	3	3	1	1	1	3	0	127
Prevention & Promotion	4	12	18	18	18	18	13	18	18	18	18	18	18	18	18	16	13	0	0	0	0	0	0	1	1	3	1	0	18	0	5	2	301
Access	6	0	0	5	5	5	1	5	5	5	5	5	5	5	5	5	5	0	0	0	0	0	0	2	7	0	0	7	7	0	7	2	98
Totals	35	19	30	35	35	37	28	35	35	37	37	37	37	37	52	50	47	28	26	37	37	26	30	16	43	29	17	15	39	8	39	9	987
Totals by Office										588							ر ا			154		J			135		Ĵ		√ 54	8	39	9	

27 8 total Once total All

Glossary

Abbreviation	Full Name	Supervising Office	Program within?
Assess/CDR CAH	MCH Assessment/Child Death Review Child & Adolescent Health	Maternal & Child Health Maternal & Child Health	Community & Family Health Administration Community & Family Health Administration
CD/Epi	Communicable Disease & Epidemiology	Epidemiology, Health Statistics, Public Health Laboratories Community Wellness &	Epidemiology, Health Statistics, Public Health Laboratories
CD / HRB CHILD	Chronic Disease/Health Risk Behavior CHILD Profile	Prevention Maternal & Child Health	Community & Family Health Administration Community & Family Health Administration
CHS	Center for Health Statistics	Epidemiology, Health Statistics, Public Health Laboratories Health Systems Quality	Epidemiology, Health Statistics, Public Health Laboratories
CRH	Community & Rural Health	Assurance	
CSHCN	Childrem w/ Special Health Care Needs	Maternal & Child Health	Community & Family Health Administration
DIRM	Division of Information Resource Management		
DW	Drinking Water	Environmental Health	Environmental Health
EHA	Environmental Health Assessments	Environmental Health	Environmental Health
EHS	Environmental Health & Safety	Environmental Health Health Systems Quality	Environmental Health
EMS&T	Emergency Medical Services & Trauma	Assurance Infectious Disease &	
FP/RH	Family Planning / Reproductive Health	Reproductive Health	Community & Family Health Administration
FSSP	Food Safety and Shellfish Programs	Environmental Health	Environmental Health
Gen	Genetics	Maternal & Child Health Infectious Disease &	Community & Family Health Administration
HIV / AIDS	HIV/AIDS Prevention & Intervention	Reproductive Health	Community & Family Health Administration
HP	Health Promotion		Community & Family Health Administration
Imm	Immunizations	Maternal & Child Health	Community & Family Health Administration

Abbreviation	Full Name	Supervising Office Community Wellness &	Program within?
Inj	Injury Prevention	Prevention	Community & Family Health Administration
MIH	Maternal & Infant Health	Maternal & Child Health	Community & Family Health Administration
NICE	Non-infectious Conditions Epidemiology	Epidemiology, Health Statistics, Public Health Laboratories	Epidemiology, Health Statistics, Public Health Laboratories
		Epidemiology, Health Statistics,	Epidemiology, Health Statistics, Public Health
PHLab	Public Health Laboratories	Public Health Laboratories	Laboratories
Rad	Radiation Protection	Environmental Health Infectious Disease &	Environmental Health
STD	Sexually Transmitted Diseases	Reproductive Health Infectious Disease &	Community & Family Health Administration
ТВ	Tuberculosis	Reproductive Health Community Wellness &	Community & Family Health Administration
Tobacco	Tobacco Prevention & Control	Prevention	Community & Family Health Administration
WEDSS	Washington Electronic Disease Surveillance Sys	Epidemiology, Health Statistics, st Public Health Laboratories Community Wellness &	Epidemiology, Health Statistics, Public Health Laboratories
WIC	Women, Infants & Children Supplemental Food	•	Community & Family Health Administration